

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 158

Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township San Carlos or Village Coolidge Dam  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child June Wanda Butcher If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 6 / 13 / 28  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Oscar F. Butcher</u>		Full maiden name <u>Agnes R. Ranesko</u>	
9. Residence (Usual place of abode) <u>Rock Island, Ills.</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Rock Island, Ills.</u> If non-resident, give place and state.	
10. Color or race <u>white</u>	11. Age at last birthday <u>39</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Crawfordsville</u> (State or country) <u>Indiana</u>		18. Birthplace (city or state) <u>Cinnebar,</u> (State or country) <u>Wash.</u>	
13. Occupation <u>Electritian</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 2  
(b) Born alive but now dead 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature \_\_\_\_\_  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.  
Month, day, year \_\_\_\_\_  
Registrar. \_\_\_\_\_ C.H. Sawyer \_\_\_\_\_  
Registrar.

129-613-196